

State of New Jersey

Office of the Attorney General Department of Law and Public Safety Division of Criminal Justice PO Box 085

TRENTON, NJ 08625-0085 TELEPHONE: (609) 984-6500 STUART RABNER
Attorney General

Gregory A. Paw Director

#### APPLICATION FOR EMPLOYMENT

Formed under the Criminal Justice Act of 1970, the Division of Criminal Justice is the extension of the Attorney General's role as the State's Chief Law Enforcement Officer.

New Jersey's unified, integrated system of law enforcement is unique in the nation. The Criminal Justice Act of 1970 designated the Attorney General as the Chief Law Enforcement Officer of the State. The Division of Criminal Justice, on behalf of the Attorney General, provides a variety of functions pertaining to the administration of criminal justice.

Primarily, the Division is charged with the responsibility to detect, enforce and prosecute the criminal business of the State through the uniform and efficient administration of our criminal laws. In addition to its direct law enforcement operations, the Division provides oversight and coordination within New Jersey's law enforcement community.

The activities of the Division are conducted through a staff consisting of deputy attorneys general, investigators, professional and clerical personnel.

It is the goal of the Division of Criminal Justice to coordinate law enforcement efforts and cooperate to share resources within criminal justice communities on the state, county and municipal levels, to ensure the safety and security of all New Jersey citizens.



JON S. CORZINE

Governor



## **Intern Application Form**

The completed application form and attached certification should be returned to Joanne Herbert, Human Resources, Division of Criminal Justice, Richard J. Hughes Justice Complex, 25 Market Street, PO Box 085, Trenton New Jersey 08625. If you have any questions concerning the completion of the application, its attachments or its utilization in the employment process, please contact Mrs. Herbert at the above noted address or by telephone at 609-984-4498. **Your application must include your school transcript (see page 7 of the application). Law Interns must also include a legal writing sample. Your application will not be considered complete and will not be processed until these documents are received. For more information about the Division of Criminal Justice, you may view the website at www.njdcj.org.** 

### \*Privacy Act Notice

You need not provide your social security number at this time but it is requested as a convenience to the appointing authority in assembling personal data relating to your employment. You will, however, be required to provide your social security number if you accept an offer of employment. Your social security number will be used to satisfy requirements under the Internal Revenue and Social Security Acts of the United States. Also, if a background investigation is required for the position for which you are applying, your social security number will be used as an identifier in performing that investigation.

Name:					
Permanent Address:	Telephone:				
Current Address:					
E-mail: Cell ph	none #:				
Best contact #:					
Social Security No:(*See Privacy Act Notice on Page 2)					
Drivers License: State License #:					
Semester Application: "Spring (Jan-Apr.) "Summer (May-Aug.) "Fall (SeptDec.)	Location Preference (if any): " Trenton " Ewing " Lawrence " Cherry Hill " Whippany " Atlantic City				
Bureau Preference (see website for description):					
<ul> <li>Antitrust</li> <li>Appellate</li> <li>BiasCrimes/Community Outreach</li> <li>Computer Crimes</li> <li>Casino Crimes</li> <li>Civil Remedies/Forfeiture</li> <li>CODIS Compliance/DNA</li> <li>Environmental</li> </ul>	<ul> <li>Financial Crimes</li> <li>Information &amp; Media Services</li> <li>Insurance Fraud</li> <li>Major Narcotics</li> <li>Organized Crime</li> <li>Policy, Legislation &amp; Research</li> <li>Prosecutors Supervision</li> <li>Special Prosecutions</li> <li>Victim/Witness</li> </ul>				

# **Educational Record:** College/University: Location: Date of Graduation: Date of Admission: (Month & Year) (Month & Year) Major: \_\_\_\_\_/GPA\_\_\_\_\_/Minor: \_\_\_\_/GPA\_\_\_\_\_ Degree: Honors: Activities: Graduate School: Location: Date of Admission: Date of Graduation: (Month & Year) (Month & Year) Honors: Activities: Law School: Location: Date of Graduation: Date of Admission: (Month & Year) (Month & Year) Honors: GPA: \_\_\_\_ Activities:

Civic Activities:

Publications:

		Telephone:
	Addraga:	
2.	Name:	Telephone:
	Address:	
	•	sheet to explain "yes" answers for questions 1-
1.		f a violation of law other than a motor vehicle  "Yes "No
2	violation?	
2.	-	by an employer, military establishment or
	educational institution for impro	per conduct? "Yes "No
3.	Have you ever been convicted of o	driving while intoxicated or received a conditional
	discharge or been placed in a pre-	trial intervention program? "Yes "No
4.	Please add any additional inform	nation which will help us in placing you where you
	are best qualified.	

### **CERTIFICATION**

I hereby certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and agree to the terms and conditions set forth herein.

I authorize the Division of Criminal Justice to verify any and all information in my application for employment.

Execute before a Notary Public or an Attorney-at-Law of New Jersey. If you do not have a Notary or a New Jersey Attorney available, you may bring this Certification to this office and one will be provided without charge.

Date:	Signature:	
		(Sign in Ink)
		(Print or type name)
Sworn and subscribed to before day of, 2		
(Signature)		
(Print Name and Title)		
Notary Public, my Commission	on	
expires		
(Affix Notarial Sea	al)	

In order for your application to be complete, a transcript from the school in which you are currently enrolled must be sent to the Division of Criminal Justice. Please complete this request and send it directly to your college or Law School in order to have your transcript forwarded for retention with your application.

I will receive	ve my in		on
	(Degree)		(Date)
from			
	(College/Univers	ity/Law School)	
located at			
	(Add	ress)	
		C 1	1 1 :
	In connection with my application		•
		to fo	rward a transcript of my
scholastic r	record to:		
	Human I Division of C Richard J. Hughe 25 Market Stre	Herbert Resources riminal Justice is Justice Complex ret, PO Box 085 Jersey 08625	
Date:	Signature		
	Printed:		

Revised 9/14/06

## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information Below is Voluntary)

We consider	applicants for all po	44444444444444444444444444444444444444	ace, color, religion	, sex, national origin,
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		ployment Agency " Pr		
"	Other (Specify)			
"	Name of Source	(If Applicable)		
Applicant's Name _				
-	Last	First		Middle
Address				
Street		City	State	Zip Code
( )				
Area Code Pl	hone			
	1 0 1	nirements regarding gover ou complete this applican		
for employment. decision. Please ma	It is considered consil this information	sponse to this survey is <u>nonfidential</u> information to to: Equal Employment omplex, P.O. Box 081, To	that will not be Opportunity and	used in any hiring Affirmative Action
Check One		"	Male " Fema	le
Check on of the fol " Hispanic	_	ic Groups: te " American Indian/A	Alaskan Native "	Asian/Pacific Islander
Check if any of the (Veteran) "		licable: teran " Disabled Vetera	n " Handicapp	oed Individual
		ot for interview purpo	oses - to be file	d separately from

application with Divisional Affirmative Action Officer.